


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000030820 1. Entity Name FAST CARRIER, INC.			
Principal Place of Business 8329 N.W. 66TH ST. MIAMI, FL 33166		Mailing Address 8329 N.W. 66TH ST. MIAMI, FL 33166	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MUNOZ-ZUCKERMAN, EMIRA 8329 N.W. 66TH STREET MIAMI, FL 33166		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when re-registering) _____ <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
Title NAME STREET ADDRESS CITY-STATE-ZIP	PD ZUCKERMAN, DAVID C 8329 N.W. 66TH ST. MIAMI, FL 33166		
Title NAME STREET ADDRESS CITY-STATE-ZIP	VD INOSTROZA, ROBERTO 8329 N.W. 66TH ST. MIAMI, FL 33166		
Title NAME STREET ADDRESS CITY-STATE-ZIP	TD INOSTROZA, NANCY 8329 N.W. 66TH ST. MIAMI, FL 33166		
Title NAME STREET ADDRESS CITY-STATE-ZIP	SD MUNOZ-ZUCKERMAN, EMIRA 8329 N.W. 66TH ST. MIAMI, FL 33166		
Title NAME STREET ADDRESS CITY-STATE-ZIP	_____ _____ _____ _____		
Title NAME STREET ADDRESS CITY-STATE-ZIP	_____ _____ _____ _____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: <u><i>David C. Zuckerman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/13/04 305-594-0900 <small>Date Daytime Phone #</small>	